Demand Immediate Release for Alan Berkman!

Join a humanitarian campaign for parole

Dr. Alan Berkman, a political prisoner held by the U.S. government since 1985, is fighting for his life against lymphatic cancer. The federal Bureau of Prisons has done everything it can to have him lose that fight. We ask you to help him win by joining us in a campaign to demand his immediate release from prison on parole.

Alan is currently suffering from a recurrence of Hodgkin's Disease (lymphatic cancer), and is receiving chemotherapy at the D.C. Jail and D.C. General Hospital, while awaiting trial in the Resistance Conspiracy Case. This treatment is difficult under the best of circumstances; the abuses, pressure and stress of incarceration make it significantly worse. Alan's chances of survival would be far better if he were not in prison.

As a physician and an anti-imperialist activist, Alan has contributed to the progressive community and national liberation movements for over twenty years. He is loved and respected by all who have known and worked with him over the years. It is only through a campaign that generated hundreds of letters and telegrams that the prison authorities were forced to treat Alan for Hodgkin's Disease at all. Now we need to build on that campaign to demand that Alan be released on parole.

From the first diagnosis of Alan's cancer four years ago, the Bureau of Prisons has used an unjustifiably elevated "security" classification to deny Alan adequate medical treatment. Based on "security," treatments were delayed and compromised, and Alan was operated on while chained and shackled to the operating table. This "security" classification is based solely on the fact that he is a political prisoner. His classification bears little relationship either to his behavior in prison or to the length of his sentence — two of the usual standards. If these standards had been applied, Alan would have been designated to a medium-security prison instead of being sent to U.S. Prison–Marion. If normal security standards were applied now, Alan would be able to receive treatment for his cancer at the U.S. Prison Hospital in Rochester, Minnesota, associated with the Mayo Clinic. Instead, the Bureau of Prisons insists that they would send Alan to Springfield, Missouri — a prison hospital notorious for its disastrous inadequacy, and completely ill-equipped to treat Hodgkin's Disease. Springfield, of course, is a more "secure" institution than Rochester.

If normal security standards were applied now, Alan would already have been released on parole.

After an emergency campaign, Alan is now scheduled to begin receiving treatment at D.C. General Hospital. While this is preferable to Springfield, it is clear that his chances for survival would be tremendously improved if he were released from prison.

This is a reasonable demand as well as a just one. Alan's current release date of July of 1992 is almost 50% beyond the maximum release date required by his parole guidelines. **JUSTICE DEMANDS THAT ALAN BERKMAN BE RELEASED ON PAROLE NOW!**

(Turn over to see what you can do!)

You can help win Alan's release:

- **PASS A RESOLUTION** supporting Dr. Berkman's immediate release in your organization or professional association and send it to the U.S. Parole Commission;
- **REQUEST LOCAL ELECTED OFFICIALS** or Congressional representatives to write to the Commission endorsing Dr. Berkman's return to the community.
- **WRITE A LETTER** to the Commission and organize others to do the same. Below is a sample letter to the Parole Board. Individually-composed and written letters are most effective.

U.S. Parole Commission
Air World Center, Suite 220 **Att: Irma Huseman**
10920 Ambassador Drive **Case Analyst**
Kansas City, MO 64153

Dear Commissioners:

Dr. Alan Berkman, a federal prisoner, is suffering from recurrent Hodgkin's Disease. His continued incarceration dramatically reduces his chances of survival. I urge you to release him on parole immediately. I note that release of Dr. Berkman at this time will more than satisfy his parole guidelines.

For many years, Dr. Berkman has devoted himself to work in the service of poor and oppressed communities. I would welcome his return to society, where he can receive adequate treatment and where his skills and talents are so badly needed. Law and justice demand that Dr. Berkman be released now.

You can immediately telefax this message directly to the U.S. Parole Commission by calling 1-800-782-5465 and asking to send the "Alan Berkman message." You will be billed $5 for this.

For more information about the campaign for justice for Alan Berkman, please write to the Committee for Political Prisoners' Rights, P.O. Box 28191, Washington, D.C. 20038 or call (202) 328-7818.

ABROAD AT HOME
Anthony Lewis

Death By Delay?

BOSTON

A man who is in prison for a serious crime is found to have a recurrence of cancer. It is a cancer that can be treated if action is taken promptly; otherwise it is almost invariably fatal. The prison authorities delay, for weeks, his getting the necessary treatment.

Those are the facts, as best I can appraise them, of a troubling case. It is taking place right now, not under some far-off tyranny but in this country.

The prisoner is a doctor himself: Alan Berkman, 44 years old. A graduate of Columbia University's College of Physicians and Surgeons in 1971, Dr. Berkman was drawn into revolutionary politics. In 1987 he was convicted in Federal Court in Philadelphia of possessing explosives and guns and conspiring to store them for underground groups. He was sentenced to 10 years in prison.

While awaiting trial, Dr. Berkman was found to be suffering from Hodgkin's disease, a grave lymphatic cancer. He had radiation therapy, and the disease went into remission.

Dr. Berkman is in the District of Columbia jail now, rather than a Federal prison, because he is also under indictment in the District. This winter he felt something was wrong with him and asked for a CT scan, the sophisticated medical technique used to discover signs of cancer. He had a scan on March 19 at the District of Columbia Hospital.

A hospital doctor said there was no problem. But Dr. Berkman himself saw on the scan film what he believed to be a mass in his abdomen. A prison doctor, agreeing that there was reason for concern, said there must be a biopsy of tissue from the abdomen.

Up to that point the prison authorities had responded to Dr. Berkman's medical concerns with what most people would consider reasonable speed and sensitivity. But since then there have been mysterious delays.

Despite the prison doctor's call for a biopsy, nothing happened for a considerable time. On April 19, a month after the CT scan, Dr. Berkman's lawyer telephoned Federal attorneys. Action sounded imminent, but again nothing happened.

Finally, on May 3, a biopsy was performed at the Howard University Hospital in Washington. It was immediately read as showing a recurrence of Hodgkin's disease.

A cancer specialist was in the hospital and was prepared to examine Dr. Berkman and propose treatment. But U.S. Marshals, who brought the prisoner there and kept his feet shackled during the operation, took him back to the prison half an hour after he came out of the anesthetic.

According to specialists I asked, a recurrence of Hodgkin's disease is fatal unless treated promptly. The indicated treatment is clear: intensive chemotherapy, in a carefully controlled environment because there may be severe side effects. With treatment, the disease often goes into remission.

But as I write, Dr. Berkman has had no treatment. It is eight weeks since his CT scan, 10 days since the biopsy, and still nothing is being done to fight the disease.

One reason for the delay seems to be disagreement about where he should be treated. The Federal Bureau of Prisons has classified Dr. Berkman as a high security risk and says that, if he is returned to its control, he must go to a Federal prison hospital in Springfield, Mo. His lawyers and friends say that there are no appropriate facilities there.

The D.C. Corrections Department has seemed ready for him to be treated in Washington, but again there have been repeated and unexplained delays. The latest word is that he will be examined by a cancer specialist this Thursday, and a plan for treatment proposed.

The department's assistant director for health, Dr. Reginald Jenkins, told me that he wanted to "avoid approaching this patient in a rushed and hysterical manner. . . . There is time to make a rational assessment."

A prisoner waits for treatment of his lethal cancer.

Dr. Thomas Garrett, a cancer specialist at the Columbia-Presbyterian Medical Center in New York City, knew Dr. Berkman as a fellow intern 20 years ago. He emphasized that he had not seen the patient. But he said: "The time scale is just way out of line with acceptable medical practice. If I had a patient with suspicion of such a recurrence, it would all be done within a few days."

When I was first told about the case, a week ago, I thought to myself that after all it was just one man, a prisoner. But the decency of a system is tested by such a case. Dr. Berkman, in a telephone conversation from the jail, said: "I'm not the sort of person who assumes the worst about people who deal with me. But I feel like someone forgot that meanwhile the cancer is growing." □

THE NEW YORK TIMES, TUESDAY, MAY 15, 1990